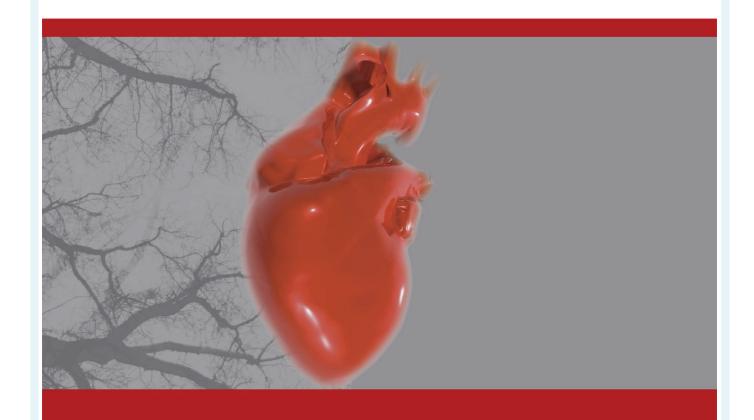


PATIENT: Sample Report		TEST REF: TST-XXXXX		
TEST NUMBER:	N/A	COLLECTED:		
PATIENT NUMBER:	N/A		PRACTITIONER:	Nordic Laboratories
GENDER:	Female			
AGE:	57			
DATE OF BIRTH:				

LIPOSCAN

The better cholesterol test



PERSONAL RESULTS OF

Sample Report

Nordic Laboratories Aps

Nygade 6, 3.sal • 1164 Copenhagen K • Denmark Tel: +45 33 75 10 00 UK Office:

11 Old Factory Buildings • Stonegate • E. Sussex TN5 7DU • UK Tel: +44 (0)1580 201 687

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PATIENT: Sample Report			TEST REF: TST-XXXXX	
TEST NUMBER:	N/A	COLLECTED:		
PATIENT NUMBER:	N/A		PRACTITIONER:	Nordic Laboratories
GENDER:	Female			
AGE:	57			

These are the results of your LipoScan test. With the LipoScan we are, for the first time, in a position to indicate the actual health risk of your cholesterol value. Current research shows: A high LDL cholesterol value does not need to be dangerous? on the other hand a normal and low value might already carry a risk! Exactly how this works is explained in the general information section of this report. If the test shows a risk ask your doctor for the ideal therapy. He is capable of arranging an individual therapy for you that will reduce your risk drastically? and most of the time without the need for medication! Any additional diagnostic tests that will be required for further treatment will be notified within this result.

Your InVitaLab-Team

Content

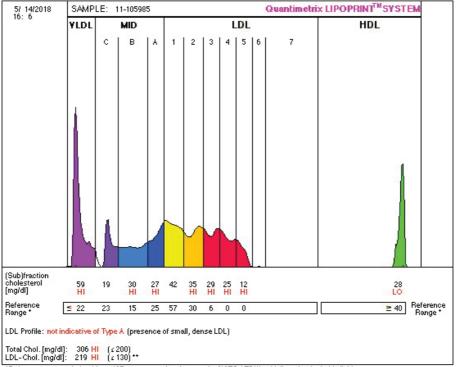
- 1. Your personal result of the measured lipid fractions (lipid particles)
 - a) graphical
 - b) tabular
- 2. Summary of the measured values
- 3. Risk evaluation
- 4. Recommendation for further diagnostics



PATIENT: Sample Report			TEST REF: TST-XXXXX	
TEST NUMBER:	N/A	COLLECTED:	PRACTITIONER: Nordic Laboratories	
PATIENT NUMBER:	N/A			
GENDER:	Female			
AGE:	57			
DATE OF BIRTH:				

1. Your personal result of the measured lipid fractions (lipid particles)

a. graphical



^{*}Reference ranges derived from 125 serum samples that met the NCEP ATPIII guidelines for desirable lipid status
**LDL-C is comprised of the sum of cholesterol in Mid bands C through A as well as all the subfractions

Description of the graphic:

The LDL particles measured here with the LIPOSCAN are divided into seven different classes (see scale above the graphic). Only the classes 3 ? 7 resemble a higher risk. If you detect a red area in the graphic those are the particles which have been found in your results. A detailed risk description can be found in the following section.



PATIENT: Sample Report		TEST REF: TST-XXXXX		
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PATIENT NUMBER:	N/A		PRACTITIONER: Nordic Laboratories	
GENDER:	Female			
AGE:	57			
DATE OF BIRTH:				

1. Your personal result of the measured lipid fractions (lipid particles)

b. tabular

Examination	Result	Unit	Standard value	
Lipometabolism				
Cholesterol	7.91316	mmol/l	< 5.17	
Triglyceride	3.7742	mmol/l	< 1.7	
Liposcan				
HDL	0.72408	mmol/l	> 1.16	
LDL	5.66334	mmol/l	< 3.36	
LDL/HDL ratio	7.82		< 3	
VLDL	1.52574	mmol/l	< 0.59	
IDL	1.96536	mmol/l	< 1.66	
- non pathogenic LDL fractions				
LDL 1	1.08612	mmol/l	< 1.5	
LDL 2	0.9051	mmol/l	< 0.8	
- pathogenic LDL fr	actions			
LDL 3	0.74994	mmol/l	< 0.18	
LDL 4	0.6465	mmol/l	< 0.00	
LDL 5	0.31032	mmol/l	< 0.00	
LDL 6	0	mmol/l	< 0.00	
LDL 7	0	mmol/l	< 0.00	

2. Summary of the measured values

Total cholesterol:	very high
Total LDL:	very high
LDL/HDL ratio:	very high
non pathogenic ("harmless") LDL fractions:	increased
pathogenic ("harmful") LDL fractions:	very high
HDL ("protecting" cholesterol):	very low
Triglyceride:	very high

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PATIENT: Sample Report			TEST REF: TST-XXXXX	
TEST NUMBER:	N/A	COLLECTED:		Namel at also as Assis a
PATIENT NUMBER:	N/A		PRACTITIONER:	Nordic Laboratories
GENDER:	Female			
AGE:	57			
DATE OF BIRTH:				

3. Risk evaluation

Total and total LDL cholesterol are increased.

Conclusion

A relative increase of small atherogenic LDL particles has been detected. The small LDL particles represent a significant atherogenic potential. Due to different composition of antioxidants and higher percentage of poly unsaturated fatty acids they are easily oxidisable, which increases their aggressivity.

HDL is too low to indicate a protective effect.

The LDL/HDL ratio does not indicate a protective effect, as it is above the reference value of 3. The ratio represents a risk factor for atherogenic processes!

A control 3 - 6 months after change of diet and increase of physical activity and according to the symptoms the beginning of a therapy are recommended.

A consequent change of nutrition should be preferred to a medication of statins.



PATIENT: Sample Report			TEST REF: TST-XXXXX	
TEST NUMBER:	N/A	COLLECTED:		Namelia Labana Aaniaa
PATIENT NUMBER:	N/A		PRACTITIONER:	Nordic Laboratories
GENDER:	Female			
AGE:	57			
DATE OF BIRTH:				

4. Recommendation for further diagnostics

The need for a therapy was detected for you. To adjust this therapy to your individual needs we recommend further diagnostic lab tests.

a. Omni-Gen

The control of the genes interfering with the lipometabolism offers a completely new approach. The cause of the present result lies frequently in a diet which is not adapted to the individual genetic characteristics. The different characteristics (polymorphism) of the genes interfering with the lipometabolism might be responsible. Only the determination of the genes allows an individualised diet change that might lead to a normalisation of the lipoprotein profile without medicinal intervention.

Why is that so?

The genes determine how food is metabolised. This results in the fact that one group of patients benefit from a "mediterranean diet" while this same diet might be harmful to other patients.

The genes might also give information of how to influence the HDL values. High HDL values are desirable due to their protective effect. Merely the choice of the acceptable oil can increase or lower the risk of heart attacks.

We recommend the implementation of the Omni-Gene-Panel as it allows recommendations of how the LDL and the HDL values can be influenced. In this examination, the most important genes for the lipometabolism will be examined.